

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known		
		Application Number	09/866,557-Conf. #4804	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 24, 2001	
		First Named Inventor	Scott HAMMOND	
		Examiner Name	S. McGarry	
		Art Unit	1635	
TOTAL AMOUNT OF PAYMENT	(\$)	1,225.00	Attorney Docket No.	0287000.00126US1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 08-0219
Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105	_____	
Design	210	105	100	50	130	65	_____	
Plant	210	105	310	155	160	80	_____	
Reissue	310	155	510	255	620	310	_____	
Provisional	210	105	0	0	0	0	_____	
2. EXCESS CLAIM FEES							Small Entity	
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims							370	185
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	
_____	- = _____	x _____	= _____			_____	_____	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)					
_____	- = _____	x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				
_____	- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2254 Extension for response within fourth month							820.00	
2801 Request for continued examination (RCE) (see 37 ...)							405.00	

SUBMITTED BY			
Signature	/Jane M. Love, Ph.D./	Registration No. (Attorney/Agent)	42,812
Name (Print/Type)	Jane M. Love, Ph.D.	Telephone	(212) 937-7233
		Date	August 22, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: August 22, 2008	Electronic Signature for Jane M. Love, Ph.D.: /Jane M. Love, Ph.D./